


STATE OF SOUTH DAKOTA

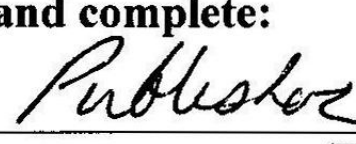
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

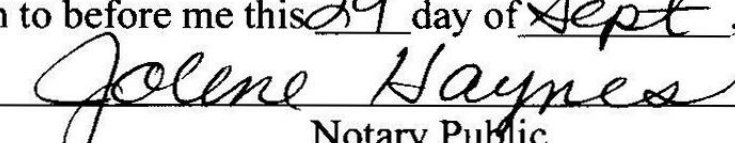
1. TITLE OF NEWSPAPER Kadoka Press		2. DATE 9/29/14
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$35 local / \$42 out-of-area
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 309 / 915 Main St. Kadoka, Jackson, SD 57543-0309		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) on back		
6. FULL NAME OF PUBLISHER: on back		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">FULL NAME on back</div> <div style="width: 45%;">COMPLETE MAILING ADDRESS on back</div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) on back		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	800	800
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	169	177
2. Mail Subscription (Paid and or requested)	486	472
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	655	649
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	40	40
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	-	-
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	695	689
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	87	93
2. Return from News Agents	18	18
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	800	800

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:


 (Signature)


 (Title)

State of South Dakota)
 §
 County of Haskell)
 (Seal)

Sworn to before me this 29 day of Sept, 2014

 Notary Public
 My commission expires: 4-3-2015

Owners:

Ravellette Publications, Inc. - *Headquarters*
P O Box 788
Philip, SD 57567-0788

Donald Ravellette, *Publisher*
P O Box 633
Philip, SD 57567-0633

Bondholders, Mortgages & Other Security Holders:

First National Bank
P O Box 910
Philip, SD 57567-0910